501 Tenth Street – Moundsville, WV 26041
Phone (304) 845-3141 – Fax (304) 845-3147

Application for Service/Assistance Animal Ownership

TENANT NAME: _____ UNIT: _____

Please check the type of animal described herein: ☐ Assistance Animal ☐ Service Animal

Please check the type of animal described herein: ☐ Dog ☐ Cat ☐ Other: _____

In application for the above I hereby attach the following documentation:

- ☐ Veterinarian Form (Pg.2)
- ☐ Copy Veterinarian Records
- ☐ Alternate Custodian Form (Pg.3)
- ☐ Release of Information (Pg.4)
- ☐ Medical Documentation (Pg. 6 &7)
- ☐ Reasonable Accommodation Request Form (Pg. 5)
- ☐ Color photo of animal
- ☐ Proof of dog license/fee from the Marshall County Assessor Office (For dogs only)
- ☐ Renter's Insurance **(OPTIONAL)**

PLACE COLOR PHOTOGRAPH OF ANIMAL HERE

I hereby make application to keep the described animal in my dwelling unit, as specifically authorized under the rules and regulations set forth with the MHA. It is understood that no substitutions are allowed and no other animal shall be permitted on the premises unless approved by the MHA.

I have received a copy of the Pet Policy & Service/Assistance Animal Policy of the Moundsville Housing Authority and have read and understood the entirety of the policies. I hereby state that the facts and information given in this application for Service/Assistance Animal ownership are true and accurate. I understand that if these facts are not true and accurate the permit granted will be revoked and I will be required to remove the animal from MHA property. I agree and understand that all information concerning my animal must be updated annually and provided to the MHA when requested. This includes updated shot records and updated alternate custodian form. Noncompliance with these rules and regulations can result in a lease violation leading up to possible eviction.

_____ _____

TENANT SIGNATURE DATE

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TO BE COMPLETED BY THE VETERINARIAN OR ADOPTION AGNECY QUALIFIED PERSONNEL

NAME OF VETERINARIAN CLINIC/ADOPTION AGENCY:

_____

ADDRESS: _____

PHONE: _____

ANIMAL INFORMATION

NAME OF ANIMAL: _____

BREED: _____

COLOR: _____ AGE: _____

ADDITIONAL MARKINGS: _____

If it is a mix breed, please give a detailed description of the breeds included in animal's pedigree:

_____

CURRENT HEIGHT: _____ CURRENT WEIGHT: _____

If animal has not reached full maturity:

PROJECTED HEIGHT: _____ PROJECTED WEIGHT: _____

DESCRIPTION OF ANY KNOWN DEFORMITIES:

_____

LICENSE NO. (if applicable): _____ IS ANIMAL HOUSEBROKEN? _____

HAS ANIMAL RECEIVED ALL INNOCULATIONS? _____

DATE OF LAST RABIES SHOT: _____ DATE OF LAST DISTEMPER SHOT: _____

DATE WHEN ANIMAL WAS SPAYED OR NEUTERED: _____

_____ _____

VETERINARIAN'S/SHELTER OFFICIANT SIGNATURE DATE

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ANIMAL ALTERNATE CUSTODIAN STATEMENT

TENANT _____

ADDRESS _____

This address is a unit owned by the Moundsville Housing Authority. I am willing and able to assume the responsibility for taking care of this animal immediately in the event an emergency situation, such as the animal owner dies, is incapacitated or is otherwise unable to care for the animal, if asked to do so by the Housing Authority or other State or local authority. I also understand that if I reside with the Moundsville Housing Authority, I must take the appropriate actions to obtain ownership of the animal should I choose to keep the animal due to the death of the owner.

Alternate Custodian Name: _____

Address: _____

Alternate Contact Phone: _____

SIGN IN FRONT OF NOTARY

_____ _____
Alternate Custodian Name (Signature) Date

NOTARY ONLY

STATE OF WEST VIRGINIA

COUNTY OF _____

Before me, _____, on this day personally appeared _____,
Name of Notary Public Name of signer

to be the person(s) whose name(s) is/are subscribed to be the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.
Day Month Year

_____
Notary Public's Signature

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AUTHORIZATION FOR RELEASE OF INFORMATION FOR ANIMALS

I, _____, hereby give consent and authorization for Moundsville Housing Authority to release any information to an Animal Shelter, Pet Rescue, Animal Adoption Agency, or any other person in regards to the eligibility pf adopting an animal. This information is any information about me or my household that is pertinent to my eligibility for adopting an animal. This information may include proof of residency, current and previous pet/animal information, housekeeping information. Lease violations, paying rent on time, and/or any resident information that would be required by the requesting agency/person. I give permission to any agency to release any records to the MHA regarding my animal.

I agree a photocopy of this authorization may be used for the purposes stated above. The original is on file with the MHA and will stay in effect from the date it was signed until I no longer reside with the Moundsville Housing Authority. I agree that the MHA is not responsible for any result arising from the release of information pursuant to this authorization.

SIGNATURES

HOH/SPOUSE/CO-HEAD:_____ Date: _____

MHA SIGNATURE: _____ Date: _____

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FOR MHA USE ONLY:

Date Received by MHA: _____

Date Approved by MHA: _____

Date Denied by MHA: _____

Reason(s) for Denial: _____

Approved by: _____

Denied by: _____

MHA
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REASONABLE ACCOMMODATION REQUEST

This form is used to request reasonable accommodations for a household member with a disability.

Household Information

Name of Head of Household: _____

Phone Number: _____

Full Name of Household Member with a disability (if other than Head of Household):

_____

Accommodation Requested (Be specific as possible. Ex. emotional support or assistance animal, ramp, grab bar, transfer, hearing impaired hardware).

_____

_____

How will the accommodation/modification remove or relieve any barriers posed by the disability-related limitation?

_____

_____

_____

You do not have to attach 3rd party documentation to this request to invoke your rights to reasonable accommodations. Verification may be obtained after you submit your request, but before a decision is made.

Moundsville Housing Authority reserves the right to suggest an alternate accommodation achieving the same goal. Moundsville Housing Authority will make every attempt to consider requests on a case-by-case basis; granting a request is not a precedent-setting event and should not be viewed as such.

It is not required, nor can management ask, what the source of your disability or disabilities are. Management is only asking that written documentation be provided stating you have a disability that would be accommodated by the modification requested above.

Signature

Please note that under 18 U.S.C. 1001, it is a felony to intentionally make false or misleading statements, or to submit documents containing false information, to any U.S. government agency. By singing, you agree that the information provided is complete and correct to the best of your knowledge.

The household member with a disability should sign below if they are 18 or older and able to sign. If they are not able to sign, an authorized representative – someone officially allowed to act on their behalf – can sign for them.

Signature of Requester: _____ **Date Requested:** _____

MHA Representative Receiving Request: _____ **Date Received:** _____

MHA OFFICE USE ONLY

☐ **Verbal Request Date:** _____

☐ **Written Request Date:** _____

MHA
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REASONABLE ACCOMMODATION VERIFICATION

This form is used to request and verify reasonable accommodations for a household member with a disability. **This form is to be completed by the healthcare provider or third-party verifier.**

Household Information

Name of Head of Household: _____

Phone Number: _____

Full Name of Household Member with a disability (if other than Head of Household):

_____

Disability Information

The person named above has requested an accommodation or modification under a program funded by the U.S. Department of Housing and Urban Development (HUD). HUD requires the PHA to verify all information that is used in determining this person's level of benefits.

PLEASE DO NOT SUBMIT MEDICAL RECORDS OR TELL US ABOUT THE NATURE OR SEVERTY OF THE DISABILITY.

We ask your cooperation in providing the following information. Your prompt return of this information will help to ensure timely processing of the accommodation/modification request.

The household member above has a disability as defined by The Department of Housing and Urban Development and I hereby certify that the above named should be considered disabled in accordance with one of the following definitions **(check one)**:

☐ (1) A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.

☐ (2) A developmentally disabled person is one with a severe chronic disability that:
(a) is attributable to a mental and/or physical impairment;
(b) as manifested before age 22;
(c) is likely to continue indefinitely
(d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
(e) requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.

☐ (3) A disabled person is also one who has a physical, emotional or mental impairment that:
(a) is expected to be of long-continued or indefinite duration;
(b) substantially impedes the person's ability to live independently;
(c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

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The purpose of an accommodation/modification is to remove or relieve a barrier posed by the disability-related limitation. As a result of the disability, I am requesting the following reasonable accommodation(s)/modification(s) from the MHA for the disabled household member listed above.

Requested Reasonable Accommodation(s)

What reasonable accommodation(s) does the member of your household with a disability need?

_____

_____

_____

How will the reasonable accommodation requested remove or relieve any barriers posed by the disability-related limitation?

_____

_____

_____

_____

Is the impairment expected to be a long and continued duration? ☐ No ☐ Yes

Assistance Animal (Please check one)

☐ **Service Animal:** The animal is required because of a disability and the animal been trained to do work or tasks that assist or help you with the limitation(s) posed by your disability? Some examples include guiding an individual who is blind or has low vision, pulling wheelchair, fetching items, or altering persons to impending seizures, falls, or other medical crisis.

What task(s) has the animal been trained to do? _____
(The MHA is not asking to proof of certification or training)

☐ **Support Animal:** As a result of this disability, the household member needs a support animal.

What type of support animal is needed? _____

☐ **Multiple Support Animals:** As a result of this disability, the household member requires multiple support animals. The need for multiple animals indicates that one animal cannot perform the necessary tasks. If you have indicated that multiple animals are necessary, please list each animal and the service each animal will perform to alleviate one or more symptoms of the disability.

Animal 1: Type of animal: _____

Task Preformed: _____

☐ Cannot be performed by another animal in the unit

Animal 2: Type of animal: _____

Task Preformed: _____

☐ Cannot be performed by another animal in the unit

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Animal 3: Type of animal: _____

Task Preformed: _____

☐ Cannot be performed by another animal in the unit

Live-In Aide

Only fill out this section if the person above is requesting a live-in aide.

Does the member of your household with a disability need a live-in aide?

It is important to know a live-in aide is someone who lives with an elderly, disabled or handicap member of the household. Live-in aides are essential to the care and wellbeing of the disabled person. A live-in aide can't be financially responsible for the household. A live-in aides income will not be included when calculating your rent. A live-in aide can't live in the unit if their services are no longer required. A live-in aide can't be the owner of the subsidized unit.

☐ No
☐ Yes

Is a live in aide essential to the care and well-being of the disabled household member? ☐ No ☐ Yes

What would the live-in aide do that is essential to the household member's care and well-being? Examples could include help with walking, getting dressed, eating, bathing, changing bandages, or taking medication.

_____

_____

_____

During what hours are the services of a live-in aide required? (Choose only one)

☐ Nighttime
☐ Daytime
☐ 24 hours a day
☐ Other: _____

When are the services of a live-in aide required?

☐ 7 days per week
☐ Weekdays only
☐ Weekends only
☐ Other: _____

Third-Party Verification

Name of Provider: _____

Title: _____

Company or Organization (if any): _____

Phone Number: _____

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Email: _____

Address of Company or Organization: _____

Signature

Please note that under 18 U.S.C. 1001, it is a felony to intentionally make false or misleading statements, or to submit documents containing false information, to any U.S. government agency.

Providing false information about the disabled status of a household member will result in their removal from the housing program. The Authority will no longer accept verification of disability from any medical practitioner who assists in misrepresenting disabled status.

By singing, you agree that the information provided is complete and correct to the best of your knowledge.

Signature of Third-Party Verifier: _____ Date: _____